Attorney Docket No.VPI/01-119

Express, Mail Label No.: ET077979133US

Date of Deposit: ___08/28/01_____

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR OR

Pravin Chaturvedi et al.,

APPLICATION IDENTIFIER:

For:

OPTIMAL COMPOSITIONS AND METHODS THEREOF FOR TREATING

HCV INFECTIONS

August 28, 2001 Cambridge, Massachusetts

Box PATENT APPLICATION Assistant Commissioner for Patents Washington, D.C. 20231

REQUEST FOR FILING A NEW NONPROVISIONAL APPLICATION UNDER 37 C.F.R. §1.53(b)

1.	This is a request for filing a new nonprovisional application under 37 C.F.R. §1.53(b).						
2.	\square	Specification and Drawings (Total pages: 25); Specification (23 pages); Claims (2 pages); Abstract (1 page); and Drawings: sheets; FIGS Formal Informal					
3.	X	Declaration and Power of Attorney					
		Unsigned Signed					
4.		Information Disclosure Statement (IDS)					
		Copy of IDS and PTO-1449 (pages) Copies of references cited					
5.	X	Assignment Papers					
		Recordation Form Cover Sheet (PTO–1595) Assignment Document					
6.		Statement Claiming Small Entity Status					
		Claiming Small Entity As Independent Inventor (37 C.F.R. §§1.9(f) & 1.27(b)). Claiming Small Entity As Small Business Concern (37 C.F.R. §§1.9(f) & 1.27(c)). Claiming Small Entity As Nonprofit Organization (37 C.F.R. §§1.9(f) & 1.27(d)).					

FIRST-NAMED INVENTOR OR APPLICATION IDENTIFIER:

Pravin Chaturvedi et al.,

Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

7. Fee Calculation

CLAIMS AS FILED								
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$710.00			
Total Claims (37 C.F.R. 1.16(c))	12	- 20 =	0	\$ 18.00	0			
Independent Claims (37 C.F.R. 1.16(b))	4	- 3 =	1	\$80.00	80.00			
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))	2			\$270.00	270.00			
SUBTOTAL:		\$ <u>350.00</u>						
	\$							
	\$_350.00							

8.		A check in the amount of \$ is enclosed.						
9.	X	The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0725, Ref. No50-0725_:						
		Fees required under 37 C.F.R. §1.16; Fees required under 37 C.F.R. §1.17; Fees required under 37 C.F.R. §1.18.						
10.	\boxtimes	Return Receipt Postcard Enclosed.						
11.		Other Documents Enclosed:						
		Change of Attorney Address In Application. X Limited Recognition under 37 C.F. § 10.9(b) for Nandakumar Govindaswamy.						
		Respectfully submitted,						

Dated: August 28, 2001

Andrew S. Marks, Reg. No. 33,259 Nandakumar Govindaswamy, Ltd. Reg.

Attorney(s) for Applicants

VERTEX PHARMACEUTICALS INCORPORATED

130 Waverly Street

Cambridge, Massachusetts 02130-4646

Tel: (617) 444-6619 Fax: (617) 444-6483

TRADOCS:1161762.1(_WF601!.DOC)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Assistant Commissioner for Patents Washington, D.C. 20231

Box Patent

on August 23, 2001

Date

Tina M. Powers

Typed or printed name of person of signing Certificate

Signature

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

- 1. Return Receipt Postcard
- 7. Executed Assignment
- 2. Certificate of Mailing
- 8. Limited Recognition Dr. Govindaswamy
- 3. Non-Provisional Transmittal Letter (2) 3A. Fee Transmittal (2)
- 4. Specification 25 pages (Spec. 23 pgs, Claims 2 pgs, Abstract 1 pgs)
- 5. Executed Declaration and Power of Attorney
- 6. Assignment Recordation Sheet (2)

6.
Burden Hour S

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 1,100.00

SOCIAL IO A CONCUMUNT OF THE	amation unless it displays a valid OMB control number.					
Complete if Known						
Application Number	Not Kyt Known					
Filing Date	Herewith					
First Named Inventor	Chaturvedi, et al.,					
Examiner Name	Not Yet Known					
Group Art Unit	Not Yet Known					
Attorney Docket No.	VPI/01-119					

ı	METHOD OF PAYMENT	FEE CALCULATION (continued)							
	1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES							
	Deposit Deposit	Large Small							
	Account Number 50-0725	Fee	Enti	ιy Feε	Enti		Fee Paid		
ı	Deposit	Code		Coc		Fee Description	ree Paio		
١	Account Name	105	130	205	65	Surcharge - late filing fee or oath			
	Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127	50	227	25	Surcharge - late provisional filing fee or cover sheet			
١	Applicant claims small entity status.	139	130	139	130	Non-English specification			
ŀ	See 37 CFR 1.27	147	2,520	147	2,520	For filing a request for ex parte reexamination			
. I	2. Payment Enclosed:	112	920*	112	920*	Requesting publication of SIR prior to Examiner action			
	Check Credit card Money Other	113	1,840*	113	1.840	* Requesting publication of SIR after			
	FEE CALCULATION		.,		.,	Examiner action			
	1. BASIC FILING FEE	115	110	215	55	Extension for reply within first month			
= =	Large Entity Small Entity	116	390	216		Extension for reply within second month			
in in	Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117	890	217		Extension for reply within third month			
· Frant	101 710 201 355 Utility filing fee 710.00	118 1	1,390	218	695	Extension for reply within fourth month			
and .	106 320 206 160 Design filing fee	128 1	,890	228	945	Extension for reply within fifth month			
m.	107 490 207 245 Plant filing fee	119	310	219	155	Notice of Appeal			
	108 710 208 355 Reissue filing fee	120	310	220	155	Filing a brief in support of an appeal			
. pariet	114 150 214 75 Provisional filing fee	121	270	221	135	Request for oral hearing			
	SUBTOTAL (1) (\$) 710.00	138 1	,510	138	1,510	Petition to institute a public use proceeding			
-		140	110	240	55	Petition to revive - unavoidable			
3	2. EXTRA CLAIM FEES Fee from	141 1	,240	241	620	Petition to revive - unintentional			
7	Extra Claims below Fee Paid	142 1	•	242		Utility issue fee (or reissue)			
	Total Claims	ł		243		Design issue fee			
1	Claims 4 -3 - 1 × 00.00 = 00.00	144	600	244	300	Plant issue fee			
1	Multiple Dependent 270.00 = 270.00	122	130	122	130	Petitions to the Commissioner			
1	l arge Entity Small Entity	123	50	123	50	Processing fee under 37 CFR 1.17(q)			
1	Large Entity Small Entity Fee Fee Fee Fee Description	126	180	126	180	Submission of Information Disclosure Stmt	40.00		
	Code (\$)	581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00		
1	102 80 202 40 Independent claims in excess of 3	146	710	246	355	Filing a submission after final rejection			
1	104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355	(37 ČFR § 1.129(a)) For each additional invention to be			
ı	109 80 209 40 ** Reissue independent claims over original patent	140	. 10	243	555	examined (37 CFR § 1.129(b))			
	110 18 210 9 ** Reissue claims in excess of 20	179	710	279	355	Request for Continued Examination (RCE)			
	and over original patent	169	900	169	900	Request for expedited examination of a design application			
	SUBTOTAL (2) (\$)1,060	Other fo	ee (sp	ecify)					
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid						Fee Paid SUBTOTAL (3) (\$) 1,1	.00		
_						(-)			

SUBMITTED BY	Complete (ii	Complete (if applicable)				
Name (Print/Type)	Andrew S. Marks	Registration No. (Attorney/Agent)	-33,259	Telephone	Telephone 617-444-	
Signature			9	Date	08/28/01	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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